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8
9 **BEFORE THE**
BOARD OF REGISTERED NURSING
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 2008-219

13 BRYANT KEITH CULPEPPER
c/o Mark Ronaldson
14 2307 E. Ball Road, Apt. 427
Anaheim, CA 92806

A C C U S A T I O N

15 Registered Nurse License No. 642505

16 Respondent.
17

18 Complainant alleges:

19 **PARTIES**

20 1. Ruth Ann Terry, M.P.H., R.N. ("Complainant") brings this Accusation
21 solely in her official capacity as the Executive Officer of the Board of Registered Nursing
22 ("Board"), Department of Consumer Affairs.

23 2. On or about August 6, 2004, the Board issued Registered Nurse License
24 Number 642505 to Bryant Keith Culpepper ("Respondent"). Respondent's registered nurse
25 license was in full force and effect at all times relevant to the charges brought herein and will
26 expire on December 31, 2009, unless renewed.

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28 ///

1 CAUSE FOR DISCIPLINE

2 **(Disciplinary Action by the Nursing Council of New Zealand)**

3 7. Respondent is subject to disciplinary action pursuant to Code section
4 2761, subdivision (a)(4), on the grounds of unprofessional conduct, in that he was disciplined by
5 the Nursing Council of New Zealand (hereinafter "Council"), as follows:

6 a. On or about September 7, 2005, in the disciplinary action titled *In the*
7 *Matter of the Competence Review Panel of the Nursing Council of New Zealand and Bryant*
8 *Keith Culpepper*, etc., the Competence Review Panel of the Council determined that Respondent
9 did not meet the required standards of competence performance for a registered nurse.

10 b. In or about October 2005, pursuant to the Orders concerning competence,
11 the Council ordered Respondent to undertake a competence assessment program approved by the
12 Council for nurses registered overseas, including a specific course of instruction in drug
13 administration, health assessment, and communication. The Council also ordered, among other
14 things, that Respondent undertake a competence assessment against the competencies for
15 registered nurse scope of practice by a Council approved assessor. All requirements of the orders
16 were to be met by April 30, 2006.

17 c. On or about December 6, 2006, pursuant to the Orders following
18 unsatisfactory result of competence programme, the Council suspended Respondent from
19 practicing as a registered nurse due to Respondent's failure to participate in or complete the
20 competence program, to meet the October 2005 Council orders, and to maintain the required
21 standard of competence, therefore posing a risk of harm to the public.¹

22 d. True and correct copies of the Orders concerning competence, Orders
23 following unsatisfactory result of competence programme, and related information are attached
24 as exhibit "A" and incorporated herein by reference.

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27 _____
28 1. Respondent still has not completed the competence assessment program and his New Zealand registration remains under suspension.

1 **PRAYER**

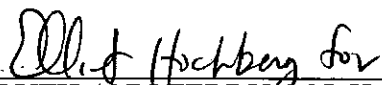
2 WHEREFORE, Complainant requests that a hearing be held on the matters herein
3 alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

4 1. Revoking or suspending Registered Nurse License Number 642505, issued
5 to Bryant Keith Culpepper;

6 2. Ordering Bryant Keith Culpepper to pay the Board of Registered Nursing
7 the reasonable costs of the investigation and enforcement of this case, pursuant to Business and
8 Professions Code section 125.3;

9 3. Taking such other and further action as deemed necessary and proper.

10
11 DATED: 1/22/18

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13 
14 RUTH ANN TERRY, M.P.H., R.N.
15 Executive Officer
16 Board of Registered Nursing
17 Department of Consumer Affairs
18 State of California

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27 Complainant

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EXHIBIT A



1 July 2005

The Registrar
Nursing Council of New Zealand
P.O.Box 9644
Wellington

Dear Registrar

Re: Bryant Keith Culpepper APC Number: 158967

As Director of Nursing at Hutt Valley District Health Board (DHB) I am notifying the Nursing Council of New Zealand that the above named nurse has resigned following a disciplinary meeting on Wednesday 29 June 2005 effective 1 July 2005. Nurse Culpepper has not returned to duties as a nurse.

The disciplinary meeting was following allegations that nurse Culpepper breached the code of conduct for Hutt Valley DHB as well as the Nursing Council of New Zealand Code of Conduct. It also appears from the reports that nurse Culpepper's practice falls below the required competencies to work in an emergency setting.

Nurse Culpepper has admitted fault and recognises that his practise fell below the required competence.

Nurse Culpepper is not a New Zealand Resident at this point I am unsure whether I should notify immigration about his employment status. Could you please review the attached information and advise.

Yours sincerely

A handwritten signature in black ink, appearing to read "Toni Dal Din", is located below the "Yours sincerely" text.

Toni Dal Din
Director of Nursing
Hutt Valley DHB

A handwritten signature in black ink, appearing to read "B. Dal Din", is located above the contact information for Hutt Valley DHB.

Hutt Valley District Health Board
High Street Private Bag 31907
Lower Hutt New Zealand
Telephone +64-4-566 6999
Fax +64-4-570 4424



IN THE MATTER of the Competence Review Panel of the
Nursing Council of New Zealand

AND **Bryant Keith Culpepper** registered
nurse under section 36 of the Health
Practitioners Competence Assurance Act
2003

**REPORT OF THE COMPETENCE REVIEW PANEL OF THE NURSING COUNCIL
OF NEW ZEALAND**

Meeting of the Competence Panel Review about the competence of Bryant Keith Culpepper registered nurse on 7 September 2005 in Wellington.

Present: Shirley McGirr (Lead Reviewer)
Tracey Mitchell
Beverley Burns

Marion Clark (Council)
Sue MacDonald (Council)

Background

On 1 July 2005 a notification was made to the Registrar of the Nursing Council of New Zealand about the competence of Bryant Keith Culpepper. The notification was investigated further and was referred to Competence Review Panel pursuant to section 36 of the Health Practitioners Competence Assurance Act 2003 on 8 August 2005. In accordance with section 37 of the Health Practitioners Competence Assurance Act 2003 a Notice of the Competence Review was posted to Bryant Culpepper on 8 August 2005 and a panel meeting date of 7 September 2005 was set down.

Bryant is an American educated nurse who registered in New Zealand on 13 September 2004. He has a Bachelor of Science Nursing (BSN) from the University of Alabama. Prior to coming to New Zealand Bryant had worked for several organisations mainly doing contract nursing in the USA, Saudi Arabia and China. Since graduating in 1992 his area of practice has been in emergency and intensive care nursing. He is wishing to work in New Zealand; however his immigration is dependent on his employment.

Bryant was employed in the emergency department at Hutt Valley District Health Board in October 2004 and resigned 29 June 2005 following a disciplinary meeting. A performance management plan had been put in place for Bryant in May 2005 following several incidents dating from November 2004.

JBH

Competence review panel meeting

Bryant Culpepper attended the panel meeting on 7 September 2005. He had no support person present but was given the opportunity to have a support person.

The Panel considered the following information gathered during the review:

Information from:

- (1) Hutt Valley Health DHB
- (2) Bryant Culpepper
- (3) Panel meeting

The Panel's function is to determine whether a nurse's practice meets the required standards of competence. It is required to review the nurse's competence to practise. Where, at the conclusion of any such review, the Panel considers that the nurse's practice does not meet the required standards of competence it reports and makes recommendations to the Nursing Council. The Nursing Council determines the appropriate outcomes (Section 38(1)). When the nurse's practise poses a "serious risk of harm" to the public the Panel may decide on interim suspension and/or conditions on the nurse's annual practising certificate (APC).

Decision:

The panel determined that Bryant Keith Culpepper did not meet the required standards of competence for a registered nurse.

Recommendations:

- 1) Pursuant to section 38(1)(a) of the Health Practitioners Competence Assurance Act 2003 the Review Panel recommends to Council that Bryant Keith Culpepper undertakes a competence assessment programme approved by Council for nurses registered overseas. The programme must also include a specific course of instruction in drug administration, health assessment and communication.
- 2) A report is to be made to Council at the end of the programme by the programme coordinator.
- 3) Pursuant to section 38(1)(b) of the Health Practitioners Competence Assurance Act 2003 the Review Panel recommends to Council that the following conditions be placed on Bryant Keith Culpepper's scope of practice:
 - (a) That he may only administer medications under the supervision of a registered nurse.
 - (b) That he may only practise under the supervision of a registered nurse until he completes the competence programme.
- 4) Pursuant to section 38(1)(c) of the Health Practitioners Competence Assurance Act 2003 the Review Panel recommends to Council that Bryant Culpepper

undertake a competence assessment against the competencies for registered nurse scope of practice by a Council approved assessor. The results to be forwarded to Council by the assessor at the completion of the competence programme.

- 5) Pursuant to section 38(1)(d) of the Health Practitioners Competence Assurance Act 2003 the Review Panel recommends to Council that Bryant Culpepper is assisted to meet requirements through the nomination by Bryant of a Counsellor to assist him with strategies for managing interpersonal and interprofessional relationships. The meetings with the Counsellor must be at least monthly and for the period of the competence programme. The Counsellor is to be approved by Council and a report to be given to Council at the completion of the competence programme.
- 6) That the competence programme and related orders are completed by 30 April 2006.
- 7) The panel recommends that if Bryant Culpepper does not satisfactorily meet the requirements of the competence programme or competence assessment by 30 April 2006 he will be referred back to Council under section 43(1) of the Health Practitioners Competence Assurance Act 2003.

Rationale:

The panel examined the issues raised in the information received from Toni Dal Din, Director of Nursing Hutt Valley DHB, and after extensive questioning the panel concluded that Bryant Culpepper is not meeting the required standards of competence for his scope of practise. The Nurse Managers had raised concerns relating to the following competencies.

1. **Competency 1.1 Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements. Not met.**

The employer had identified that Bryant ignored protocols and procedures. One incident reported that Bryant administered blood without adhering to the orders and another involved the administration of IV morphine.

Bryant indicated that he was not aware of the policies and procedures. He said he was now aware of the manuals. He indicated that in America nurses had far more autonomy.

When asked by the panel how he decided at what rate to give the unit of blood Bryant responded that he based his decision "on experience, what always done" and he indicated that the patient's hmb [Haemoglobin] was so low he needed to "dump it in anyway".

Refer also to comments under competency 2.1.

The panel considered that Bryant was not familiar with the New Zealand context and appeared not to have taken sufficient responsibility for knowing the requirements for practice.



When given scenario of intoxicated 15 year old Bryant was not sure of the New Zealand legal age for consent and his response lacked awareness of the girl's rights in relation to the involvement of her mother in her care.

2. Competency 2.1 Provides planned nursing care to achieve identified outcomes. Not met.

Bryant ignored protocols and procedures as evidenced in information from Hutt Valley DHB, scenarios, and his own admission to panel. In one case he had given IV magnesium without the use of a pump and in another had administered IM morphine instead of IM codeine phosphate.

In his written response to Council he stated that he had given magnesium many times without a pump and was unaware this drug was addressed by policy.

Questioning by panel members showed issues with knowledge of processes and legal requirements related to drug administration e.g. Bryant's response to scenario questioning re verbal order morphine indicated that he would give the drug without the checks and balances or drug being charted. He did not identify that this was a dangerous drug. The panel also gave him a simulated drug chart to look at and then asked him to administer medications. Bryant did not question the dose of gentamicyn until prompted and did not articulate that the chart had an unsigned drug order and unidentified route for administration.

Bryant appeared to underplay the seriousness of the drug error and the panel were not satisfied that Bryant would adhere to policies and protocols even though he acknowledged that he had made a mistake.

3. Competency 2.2 undertakes a comprehensive and accurate nursing assessment of clients in a variety of settings. Not met.

The employer had reported several incidents at triage whereby Bryant had inadequately assessed the client's health status.

Scenario questioning indicated that Bryant did not have an organised or systematic approach to patient assessment and gaps were identified in his assessment. For example, responding to a scenario of a one year old female with diarrhoea and vomiting his assessment was not comprehensive and his triaging at first indicated category one or two then changed to two or three, and then when further questioned he stated two. In another scenario, an intoxicated 15 year old female, he did not assess vital signs or check her airway in the first instance however, answered with some prompting.

4. Competency 2.3 Ensures documentation is accurate and maintains confidentiality of information. Not met.

Concerns had been raised by Bryant's employers about observations not being taken and documentation inadequacies.

When questioned by panel about not recording observations on patient's chart Bryant indicated he put them on a piece of paper or paper towel. He also indicated that blood pressures are on the monitor. When questioned by panel he was unable to articulate the dangers of the observations not being written down in the patient's record when taken. In his response to employers he noted that in America it was common to record in notes at end of the day.

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5. Competency 2.6 Evaluates client's progress toward expected outcomes in partnership with clients. Not met.

The employer identified that Bryant gave a bolus dose of IV morphine to a client without doing a pain check or follow-up serial observations as per the department protocols. The evidence supplied by the employer also indicated that he did not provide sufficient monitoring of clients.

In response to scenario based question related to planning follow-up care for 75 year old there were gaps in the suggested care plan and when prompted by panel about follow up care for short stay his answers indicated inadequate monitoring of patients e.g. vital signs Q4.

Bryant indicated that he could attend to all his patients in 15 minutes including putting in IV, draw blood, do ECG and order X-ray. The panel considered care may be not individualised to client.

6. Competency 2.8 reflects upon, and evaluates with peers and experienced nurses, the effectiveness of nursing care. Not met.

Refer to competency 3.3

7. Competency 2.9 maintains professional development. Not met.

The panel considered Bryant took no responsibility for learning the protocols in a new environment and based his practice on past experience. Refer to comments in competency 1.1, 2.1 and 2.3.

8. Competency 3.1 establishes, maintains and concludes therapeutic interpersonal relationships with client. Not met.

Hutt Valley DHB also received a complaint relating to Bryant's manner from a client who considered his comments 'blunt and righteous' when she had asked how she would get home in the early hours of the morning.

When questioned about the incident he deflected his response and said I was told to by the charge nurse. He indicated taxi chits were not to be given to patients however another nurse got the woman a chit and the issue was resolved for the client. No advocacy for client was evident in his response.

A letter had been written to the employer by the ambulance service describing an incident involving a woman with suspected meningitis who was also photophobic. Bryant reportedly spoke rudely to her and pulled the towel from her eyes and insisted she fill out a form.

9. Competency 3.3 communicates effectively with clients and members of the health care team. Not met.

Staff had complained to the Clinical Nurse Manager about Bryant's communication, one indicating he was unwilling to accept critique, guidance or feedback regarding triage and clinical care.

Bryant acknowledged to the panel that he sometimes did not work well with others and that interpersonal relationships were not one of his strong points. He could be confrontational he clarified the interpretation of the word confrontational

to mean he would confront the person, but not necessarily in an aggressive or accusatory manner but would speak to the person directly. On several occasions during the interview he referred to relationship issues within the unit.

Bryant identified differences between Americans and New Zealanders he had not expected.

Although Bryant acknowledged that he had difficulty with interprofessional relationships he appeared to lack insight into the impact of his communication on colleagues and clients.

10. Competency 4.1 collaborates and participates with colleagues and members of the health care team to facilitate and co ordinate care. Not met.

A complaint from an ambulance officer indicated that Bryant did not want to hear the full handover of the client's status.

When asked about this incident Bryant responded that he only wanted the essentials and often one got unnecessary information.

Refer also to comments competency 2.3.

11. Competency 4.2 recognises and values the roles and skills of all members of the health care team in the delivery of care. Not met.

Evidence from the employer indicated that Bryant did not always co operate with others.

DATED this day of 2005

Shirley McGirr
Lead Reviewer
Competence Review Panel

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10 October 2005

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COPY

Bryant Culpepper
Apartment E
55 Dudley Street
LOWER HUTT 6009

Dear Bryant Culpepper

Orders concerning competence

This letter is to inform you of the orders concerning competence that the Nursing Council of New Zealand made following the Competence Review Panel ("the Panel") meeting with you on 7 September 2005 and the Council meeting on 6 October 2005. In making these orders, Council considered the report of the review panel.

In particular, The Council ordered that,

- 1) Pursuant to section 38(1)(a) of the Health Practitioners Competence Assurance Act 2003 you undertake a competence assessment programme approved by Council for nurses registered overseas. The programme must also include a specific course of instruction in drug administration, health assessment and communication.

Pursuant to section 38(1)(c) of the Health Practitioners Competence Assurance Act 2003 you undertake a competence assessment against the competencies for ~~registered nurse scope of practice by a Council approved assessor.~~ The results to be forwarded to Council by the assessor at the completion of the competence programme.

- 2) A report is to be made to Council at the end of the programme by the programme coordinator.
- 3) Pursuant to section 38(1)(b) of the Health Practitioners Competence Assurance Act 2003 the Council orders that the following conditions be placed on your scope of practice:
 - a. That you may only administer medications under the supervision of a registered nurse.
 - b. That you may only practise under the supervision of a registered nurse until you complete the competence programme.
- 4) Pursuant to section 38(1)(d) of the Health Practitioners Competence Assurance Act 2003 you are assisted to meet requirements through the nomination by you of a Counsellor to assist you with strategies for managing interpersonal and interprofessional relationships. The meetings with the Counsellor must be at least monthly and for the period of the competence programme. The Counsellor is to be



approved by Council and a report to be given to Council at the completion of the competence programme.

All requirements of the orders are to be met by 30 April 2006. If you do not satisfactorily meet the requirements of the competence programme or competence assessment within the timeframe you will be referred back to Council under section 43(1) of the Health Practitioners Competence Assurance Act 2003.

Please return your practising certificate to me so that a new one can be issued with the conditions on practice. I enclose a stamped addressed envelope for your convenience. Please contact Sue MacDonald on 04 802 1324 if you want to discuss these conditions.

Rationale: Undertaking competence assessment programme

From the meeting 7 September 2005 the review panel identified that you performed below minimum standards for registered nurses in the following competencies:

- Competency 1.1 Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements.
- Competency 2.1 Provides planned nursing care to achieve identified outcomes.
- Competency 2.2 undertakes a comprehensive and accurate nursing assessment of clients in a variety of settings.
- Competency 2.3 Ensures documentation is accurate and maintains confidentiality of information.
- Competency 2.6 Evaluates client's progress toward expected outcomes in partnership with clients.
- Competency 2.8 reflects upon, and evaluates with peers and experienced nurses, the effectiveness of nursing care.
- Competency 2.9 maintains professional development.
- Competency 3.1 establishes, maintains and concludes therapeutic interpersonal relationships with client.
- Competency 3.3 communicates effectively with clients and members of the health care team.
- Competency 4.1 collaborates and participates with colleagues and members of the health care team to facilitate and co ordinate care.
- Competency 4.2 recognises and values the roles and skills of all members of the health care team in the delivery of care.

The detail of the panel findings is in the report to Council of which you also received a copy.

Date of orders

Please note these orders take effect from the date on which you receive this letter. The order remains in force until you have successfully passed the specified competence programme or 30 April 2006.

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You are expected to work towards meeting the requirements of this order as soon as possible. You need to first nominate a Counsellor to assist you with strategies for managing interpersonal and interprofessional relationships. The meetings with the Counsellor must be at least monthly and for the period of the competence programme. You will need to provide a copy of their curricula vitae and also details about how the mentoring will take place by 11 November 2005 so that Council approval can be arranged.

Enclosed is a list of Council approved competence assessment programmes; you will need to notify Council the details of the programme you undertake. The programme must include a specific course of instruction in drug administration, health assessment and communication and a competence assessment against the competencies for registered nurse scope of practice by a Council approved assessor. The results to be forwarded to Council by the assessor at the completion of the competence programme.

Please inform Council of your current employment status. If you are currently in a nursing position please discuss the orders with your employer and contact Sue MacDonald, Nurse Advisor, as Council approval of your clinical supervisor will require the support of your employer. Please note that under section 38(3)(ii) a copy of this order will also be sent to your employer.

You will need to send the curricula vitae of the person/s that will supervise your clinical practice and medication administration to Council for approval by 11 November 2005. The period of supervised practice starts from the time Council approval is given.

Reports are to be sent to Council as outlined in these orders.


In view of these orders you will be issued a practising certificate with these orders listed as conditions on your scope of practice.

Appeal Rights

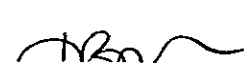
You may appeal the order for conditions to the District Court under section 106(1) (d) of the Act. An appeal must be lodged in the District Court within 20 working days of receiving this decision.

If you have any questions about the orders or this letter please contact Sue MacDonald on 04 802 1324.

Yours sincerely



Marion Clark
Registrar





Te Kaunthera Tapuhi o Aotearoa
Nursing Council of New Zealand

Nursing Council of New Zealand Approved Competence Assessment Programmes
(Last updated 14 March 2005)

Auckland District Health Board Health Care Services Greenlane Hospital Private Bag 92189 AUCKLAND	www.adhb.govt.nz Tel: (09) 307 4949
Christchurch Polytechnic Institute of Technology School of Nursing Faculty of Health and Sciences Madras Street PO Box 540 CHRISTCHURCH	www.cpit.ac.nz Tel: (03) 940 8074 Fax: (03) 940 8019
Eastern Institute of Technology Faculty of Health and Sport Science Gloucester Street Taradale Private Bag 1201 HAWKES BAY	www.eit.ac.nz Tel: (06) 844 8710 Fax: (06) 844 1910
Manukau Institute of Technology Department of Health Studies Newbury Street Private Bag 94 006 Manukau City AUCKLAND	www.manukau.ac.nz Tel: (09) 968 8736 Fax: (09) 968 8709
UCOL Universal College of Learning Faculty of Health, Science and Technology Centennial Drive Private Bag 11 022 PALMERSTON NORTH	www.ucol.ac.nz Tel: (06) 952 7000 Fax: (06) 952 7002
Unitec New Zealand School of Health Sciences Carrington Road Private Bag 92 025 Mount Albert AUCKLAND	www.unitec.ac.nz Tel: (09) 849 4180 Fax: (09) 815 4373

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Waiariki Institute of Technology Department of Nursing and Health Studies Mokoia Drive Whakarewarewa Private Bag 3028 ROTORUA	www.waiariki.ac.nz Tel: (07) 346 8999 Fax: (07) 346 8768
Waikato Institute of Technology Department of Nursing and Health Studies Tristram Street Private Bag HN 3036 HAMILTON	www.wintec.ac.nz Tel: (07) 834 8888 Fax: (07) 838 0707
Waitemata District Health Board Nurse Advisor – Professional Development Nursing Development Service Waitemata District Health Board Private Bag 93-503 AUCKLAND 9	www.waitematadhb.govt.nz Tel: (09) 486 8900
Western Institute of Technology at Taranaki Department of Nursing and Science 20 Bell Street Private Bag 2030 NEW PLYMOUTH	www.witt.ac.nz Tel: (06) 757 3100 Fax: (06) 757 3235
Whitireia Community Polytechnic School of Nursing and Health Studies Wineera Road Private Bag 50 910 Porirua WELLINGTON	www.whitireia.ac.nz Tel: (04) 237 3100 Fax: (04) 237 3101
Southland District Health Board New Graduate/Return to Nursing Coordinator Practice Development Unit Southland District Health Board PO Box 828 INVERCARGILL	www.southlandhealth.co.nz Tel: (03) 218 1949 Fax: (03) 214 7270

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18 November 2005

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COPY

Bryant Culpepper
8 A Derwent Lee grove
LOWER HUTT 6009

Dear Bryant Culpepper

Council decision

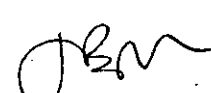
This letter is to inform you of the decision by Council at its meeting 17 November 2005 in regard to your request for an extension of time. The Council has agreed to extend the date by which the competence programme is required to be met however all the other orders concerning competence that the Nursing Council of New Zealand made following the Council meeting on 6 October 2005 are to be met.

The Council ordered that,

- 1) Pursuant to section 38(1)(a) of the Health Practitioners Competence Assurance Act 2003 you undertake a competence assessment programme approved by Council for nurses registered overseas. The programme must also include a specific course of instruction in drug administration, health assessment and communication.

Pursuant to section 38(1)(c) of the Health Practitioners Competence Assurance Act 2003 you undertake a competence assessment against the competencies for registered nurse scope of practice by a Council approved assessor. The results to be forwarded to Council by the assessor at the completion of the competence programme.

- 2) A report is to be made to Council at the end of the programme by the programme coordinator.
- 3) Pursuant to section 38(1)(b) of the Health Practitioners Competence Assurance Act 2003 the Council orders that the following conditions be placed on your scope of practice:
 - a. That you may only administer medications under the supervision of a registered nurse.
 - b. That you may only practise under the supervision of a registered nurse until you complete the competence programme.
- 4) Pursuant to section 38(1)(d) of the Health Practitioners Competence Assurance Act 2003 you are assisted to meet requirements through the nomination by you of a Counsellor to assist you with strategies for managing interpersonal and interprofessional relationships. The meetings with the Counsellor must be at least monthly and for the period of the competence programme. The Counsellor is to be



monthly and for the period of the competence programme. The Counsellor is to be approved by Council and a report to be given to Council at the completion of the competence programme.

The orders as outlined in points three and four are to be met now. The date given to you was 21 November 2005.

Please return your practising certificate to me so that a new one can be issued with the conditions on practice. I enclose a stamped addressed envelope for your convenience. Please contact Sue MacDonald on 04 802 1324 if you want to discuss these conditions.

Date of orders

Please note the order remains in force until you have successfully passed the specified competence programme.

You need to nominate a Counsellor to assist you with strategies for managing interpersonal and interprofessional relationships. The meetings with the Counsellor must be at least monthly until completed the competence programme. You will need to provide a copy of their curricula vitae and also details about how the mentoring will take place by 21 November 2005 so that Council approval can be arranged.

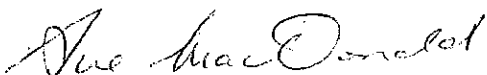
Please inform Council of your current employment status. If you are currently in a nursing position please discuss the orders with your employer and contact Sue MacDonald, Nurse Advisor, as Council approval of your clinical supervisor will require the support of your employer. Please note that under section 38(3)(ii) a copy of this order will also be sent to your employer.

You will need to send the curricula vitae of the person/s that will supervise your clinical practice and medication administration to Council for approval by 21 November 2005. The period of supervised practice starts from the time Council approval is given.

In view of these orders you will be issued a practising certificate with these orders listed as conditions on your scope of practice.

If you have any questions about this letter please contact Sue MacDonald on 04 802 1324.

Yours sincerely



Sue MacDonald
Nurse Advisor Professional Standards

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18 December 2006

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Mr Bryant Keith Culpepper
8 A Derwent Lee Grove
LOWER HUTT

COPY

Dear Mr Culpepper

Orders following unsatisfactory result of competence programme

This letter is to inform you of the Council orders following your failure to satisfy the requirements of the competence programme you were required to undertake. In October 2005, Council ordered you to undertake a competence programme pursuant to section 38(1) of the Health Practitioners Competence Assurance Act 2003 (the Act). A copy of those orders is attached. As you are aware you did not undertake the competence programme and this matter was then referred to the Council.

Suspension.


At its meeting on 9 November 2006 the Council proposed to suspend you from practice and referred the matter to the Registration Committee so you had an opportunity to be heard. We wrote to you to invite you to this meeting on 16 November 2006. At its meeting on 6 December 2006 the Registration Committee, under delegation from Council (Clause 17, Schedule 3), ordered that, pursuant to section 43(1)(b) of the Act, your registration is suspended.

Rationale: suspension

The Registration Committee was of the view that it has reasonable grounds to believe that, following the Council orders you failed to complete a competence programme and you have failed to maintain the required standard of competence and therefore pose a risk of harm to the public.

The grounds for this are:

- 1 Council received a notification outlying concerns about your competence and a competence review panel concluded that you did not meet the required standards for your scope of practice
- 2 You failed to participate in the competence programme and to meet the October 2005 Council orders by 30 September 2006.



Appeal Rights

You may appeal the suspension to the District Court under section 106(1) (d) of the Act. An appeal must be lodged in the District Court within 20 working days of receiving this decision.

If you have any questions about the order or recommendation or this letter please contact Sue MacDonald on (04) 802 1323.

Yours sincerely



Barry Ayling
Acting Registrar

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